

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5384PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/22/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOMEWATCH CAREGIVERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>467 FORT COLLINS DR RENO, NV 89511</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>Initial Comments</p> <p>This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the Focused State Relicensure survey conducted in your agency on 4/21/11 - 4/22/11. The Focused State Relicensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies.</p> <p>The patient census was 15 Ten client records were reviewed. One client home visit was conducted. Three client telephone interviews were conducted. Ten employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000			
P 020	<p>Section 12 Criminal Background</p> <p>Sec. 12. 1. In addition to the requirements set forth in NAC 449.011, each applicant for a license to operate an agency shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the agency, if any, and the Health</p>	P 020			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 020	Continued From page 1  Division of whether the applicant has been convicted of such a crime.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the agency failed to ensure that 1 of 10 employees had submitted fingerprints for background checks to the department of public safety within 10 days of the date of hire.  Employee #2 was a caregiver hired 3/11/11. Her personnel file contained a copy of a background profile done 12/9/10 but there were no fingerprints or a state or FBI clearance letter. Administrative staff interviewed stated they thought that this profile was adequate because it had been done within that last 6 months.  Scope : 1    Severity : 2	P 020			
P 230	Section 16.1(a-i) Personnel File  Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with	P 230			

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P 230	<p>Continued From page 2</p> <p>respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and employee file review, the agency failed to ensure that 1 of 10 employees (Employee #2) had a pre-employment physical and failed to ensure that 6 of 10 employees had evidence of current liability insurance coverage (Employees #2, #4, #5, #6, #9 and #10).</p> <p>Employee #2 was hired 3/11/11. She had been working with clients for over a month without first obtaining a pre-employment physical.</p> <p>Employees #2, #5 and #10 had no evidence of liability insurance coverage in their personnel files.</p> <p>Employee #4, #6 and #9 had evidence of expired liability insurance coverages in their personnel files. Administrative staff interviewed stated that</p>	P 230			

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P 230	Continued From page 3  employees transported clients in their cars and were required to provide evidence of current insurance coverage.  Scope : 3 Severity : 2	P 230			

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